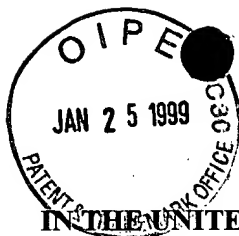


PB1517US3



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Receipt  
#11  
FEB 6 1999

GROUP 1800

In re Application of: DALUGE, et al

Serial No.: 08/957,045

Art Unit: 1611

Filed: October 24, 1997

Examiner: M. Berch

For: CHLOROPYRIMIDINE INTERMEDIATES

Assistant Commissioner for Patents  
Washington, D.C. 20231

**REQUEST FOR CORRECTED FILING RECEIPT**

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data, which is:

☒ incorrectly entered

and/or

☐ omitted.

**Error in**

**Correct data**

1. ☐ Applicant's name
2. ☐ Applicant's address
3. ☐ Title
4. ☐ Filing date
5. ☐ Serial Number
6. ☐ Foreign/PCT Application Re:
7. ☒ Others: **CLAIMS**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
7. TOT CL = 5; IND CL = 5

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8)**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

**FACSIMILE**

☐ transmitted by facsimile to the Patent and Trademark Office.

Date: 1/20/99

Signature

Keysha Bishop

*Keysha Bishop*

PB1517US3

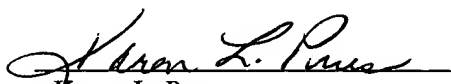
3.

A. ☐ The correction(s) is/are not due to any error by applicant and no fee is due.

OR

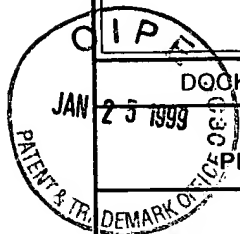
B. ☒ At least one of the above corrections is due to applicant's error and the fee therefor, under 37 CFR 1.19(h), of \$25.00 is paid as follows:

- ☐ Enclosed is a check for \$25.00  
☒ Charge Account 07-1392 \$25.00

  
Karen L. Prus  
Registration No. 39,337

Date: January 20, 1999  
Glaxo Wellcome Inc.  
Five Moore Drive  
Research Triangle Park, NC 27709  
Phone: 919-483-1304  
Fax: 919-483-7988

**REQUEST FOR FILING A PATENT APPLICATION UNDER 37 CFR 1.60**  
**(Large Entity)**



|               |                            |          |                   |          |
|---------------|----------------------------|----------|-------------------|----------|
| DOCKET NUMBER | ANTICIPATED CLASSIFICATION |          | PRIOR APPLICATION | ART UNIT |
| PB1517US3     | CLASS<br>540               | SUBCLASS | 08/682,743        | 1202     |

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

This is a request for filing a ☐ continuation ☒ divisional application under 37 CFR 1.60 of pending prior application, Serial Number 08/682,743 filed on 07/31/96 and entitled:

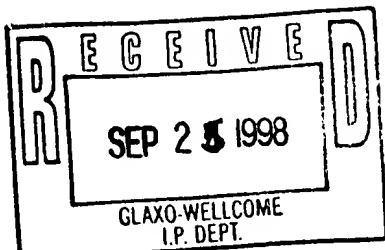
**CHLOROPYRIMIDINE INTERMEDIATES**

1. Enclosed is a copy of the latest inventor-signed prior application, including a copy of the oath or declaration showing the original signature or an indication it was signed. I hereby verify that the attached papers are a true copy of the latest signed prior application, Serial Number 08/682,743, and further that all statements made herein of my own knowledge are true; and further that these statements were made with the knowledge that willful false statements and the like are made punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

**CLAIMS AS FILED**

| For  | #Filed | #Allowed | #Extra | Rate      | Fee      |
|--|--------|----------|--------|-----------|----------|
| Total Claims   | 5      | - 20 =   | 0      | x \$22.00 | \$0.00   |
| Indep. Claims  | 5      | - 3 =    | 2      | x \$82.00 | \$164.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |        |          |        |           | \$0.00   |
| BASIC FEE  |        |          |        |           | \$790.00 |
| TOTAL FILING FEE   |        |          |        |           | \$954.00 |

2. ☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 07-1392. A duplicate copy of this sheet is enclosed.
3. ☐ A check in the amount of \_\_\_\_\_ is enclosed.
4. ☒ Cancel in this application original claims 1-4, 6-8 and 10-17 of the prior application before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)
5. ☒ Amend the specification by inserting before the first line the sentence: "This application is a ☐ continuation ☒ division of application Serial Number 08/682,743 filed 7/31/96 which application is now:  
☐ abandoned.  
☒ pending.  
☒ other (explain): 08/682,743 is a 371 of PCT/GB95/00225 filed 2/3/95 which claims priority from 9402161.5 filed 2/3/94.
6. ☐ Transfer the drawings from the pending prior application to this application and abandon said prior application as of the filing date accorded this application. A duplicate copy of this sheet is enclosed for filing in the prior application. (May only be used if signed by person authorized by 37 CFR 1.138 and before payment of issue fee.)

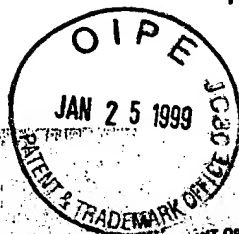


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9/25/98 Keb

CP/KIP/KC/FILE

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PTO-103X  
(Rev. 7-93)

FILING RECEIPT

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTORNEY DOCKET NO. | DRWGS | TOT CL | IND CL |
|--------------------|-------------|--------------|---------------|---------------------|-------|--------|--------|
| 08/957,045         | 10/24/97    | 1611         | \$954.00      | PB1517US3           | 0     | 2      | 2      |

5 5

DAVID J LEVY  
GLAXO WELLCOME INC  
FIVE MOORE DRIVE  
PO BOX 13398  
RESEARCH TRIANGLE PARK NC 27709

Receipt is acknowledged of this patent application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

SUSAN MARY DALUGE, CHAPEL HILL, NC; MICHAEL TOLAR  
MARTIN, DURHAM, NC.

CONTINUING DATA AS CLAIMED BY APPLICANT

THIS APPLN IS A DIV OF 08/682,743 07/31/96

FOREIGN APPLICATIONS-

PCT  
GREAT BRITAINPCTGB9500225  
94021611502/03/95  
02/04/94

FOREIGN FILING LICENSE GRANTED 01/23/98

TITLE

CHLOROPYRIMIDINE INTERMEDIATES

PRELIMINARY CLASS: 544